Maternity Insurance

BY
LEE K. FRANKEL, PH.D.
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MATERNITY INSURANCE*

By Lee K. Frankel, Ph.D.
New York,
Sixth Vice-President, Metropolitan Life Insurance Company

Introductory

The growing interest in adequate and scientific care of women during pregnancy and maternity is manifested by the request of the National Association for the Study and Prevention of Infant Mortality to have a paper on this subject included on its program. In view of the comparatively little information obtainable regarding the interesting subject of maternity insurance in literature published in the United States, it has been deemed advisable to prepare a paper viewing the subject from various angles, and to attempt to record the historical sequence and development of maternity insurance as a basis for any action that may be deemed desirable in the United States.

Practically all the literature that is at present available is from foreign sources, owing to the fact that, aside from Australia, maternity insurance, along either private or semi-public lines, has developed only in continental Europe, and particularly in Germany.

The subject is of particular interest to the people of the United States because of the social insurance legislation in England, under which maternity benefits are a part of the National health insurance scheme. As yet there are not sufficient data available to indicate the results of this experiment.

The subject of maternity insurance will be presented in this paper under the following headings:

1. History of motherhood protection through voluntary philanthropic agencies and through maternity insurance.
2. Legislation affecting motherhood.

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3. Philosophy of maternity insurance.

4. Present methods of protecting motherhood, particularly along lines of social insurance in European countries.

5. Cost of maternity insurance.

6. Developments in the protection of mothers in the United States, and possibility of organizing a scheme of social insurance under which cash benefits and medical attendance will be given to women during the period of maternity.

History

Organized effort for the protection of motherhood is not a thing of the immediate past. Because of the need existing among the dependent classes and the desire on the part of the more prosperous in the community to give provision to dependent women at the time of maternity, agencies for this purpose developed in the Middle Ages. As early as the thirteenth century there is a record of free hospital aid being given to poor women in confinement at Pfullendorff, Germany. Among the many activities of the societies for the relief of the poor existing in the Roman ghetto in the thirteenth century, the care of lying-in women was included. In 1339 the hospital at Nürnberg admitted maternity cases free and also provided for home care. In order to make the latter work effective, a public midwife was employed by the city. These measures were taken in order to reduce the custom of begging on church steps by pregnant women. Nevertheless, patronesses of the charities gave badges to poor women permitting them to beg at church doors during pregnancy. In 1428, Frankfurt a. M. began to give home aid to mothers through the appointment of public midwives. This example was followed in other parts of Germany during the fifteenth century.

The movement to give maternity care to lying-in women extended to other parts of Europe. In France there is a record of the founding of the society for the Aid of Nursing Mothers in 1714. Thirty-eight years later the Campagnia delle puerperc came into being at Turin, Italy, for the benefit of pregnant women. In 1784 the Société de charité maternelle was founded at Paris. Like its predecessor, it had the purpose of providing for nursing mothers, and was destined to have a long period of usefulness. Between 1788 and 1904 it aided 116,034 mothers, turning over to them 9,915,812 francs in benefits.

In 1796 the French convention decreed that all mothers were entitled to public hospital care. In the following year a lying-in hospital, the Maternité, was founded in Paris. Since that time numerous lying-in hospitals, day nurseries, and similar institutions have sprung up all over France. Among these may be mentioned the Secours d'allaitement, established by the city of Paris, which furnishes a nursing benefit of thirty francs to indigent women at the time of maternity.

An attempt to introduce an insurance, or rather a mutual aid feature, was made in Paris, in 1891, by the founding of the Mutualité maternelle. This society, in return for an annual contribution of three francs by the insured, furnishes a confinement benefit of forty-eight francs, and a nursing benefit of ten francs. At the end of 1908 it had a membership of 26,068. In that year its total expenditures amounted to 100,615 francs, of which 98,752 francs, or 39.67 francs for each case, were given as maternity benefits. The precedent established at the capital has been followed extensively in other municipalities of the French provinces. It should be noted here, however, that the organizations, while apparently mutual, are in reality largely philanthropic. Only a small portion of the income is received from the dues of members. To a large extent the income is made up of state and municipal subsidies, and donations and bequests from philanthropic persons.

Another characteristic of French development has been the so-called Gouttes de lait, corresponding to the infant welfare stations in the United States. These are not only found in France, but have been transplanted to the French sections of Canada, and are quite common in Montreal and Quebec. The primary purpose of these societies seems to be to supply infants with sterilized milk.

Provisions for maternity care along philanthropic lines, similar to those indicated above, have been instituted in practically all civilized countries. In Germany a society known as the Hauspflege-Verein has attempted the organization of a corps of trained women to send into homes during the confinement period. These women carry on the ordinary duties of the household, during the incapacity of the mother. The lying-in hospital has become an accepted fact, particularly in the large cities. Many of these institutions not only give indoor service, but have arranged to care for the patient in

her own home. Lying-in relief societies, which give cash and material benefit, as well as medical care, to indigent women during the lying-in period, are quite common.

Legislation Affecting Motherhood

Legislation directed toward the protection of motherhood is a result of the industrial revolution. Before the introduction of machinery the management of the home, as well as the manufacture of many articles now made in factories, was the work of women. Spinning and weaving were home occupations. Home industries are still quite common in Germany and other European countries; in fact, the number of such independent workers is still so large that special consideration has had to be given to this group in the sickness insurance legislation.

The development of the machine, however, meant the transfer, from the home to the factory, of many industries in which women had been employed. Economic pressure, the inability of the chief male wage-earner to support the family under existing industrial conditions, the ability of the employer to obtain female labor at a lower rate of wages than male labor, and the lack of sufficient employment in the home to keep all of its female members occupied, eventually brought women into the factory and mill. So long as this new factor was limited to unmarried women, no particular principle was involved other than the regulation of the hours and conditions under which they might work. The introduction of the married woman and the prospective mother into industry outside of the home, in which she naturally belonged, precipitated problems of legislation necessary to protect both the working mother and her child. The detailed philosophy of this legislation will be considered later.

In Europe laws forbidding employers to allow women to work for a definite period prior or subsequent to maternity are general.

The industrial code of Germany forbids women's work during four weeks after confinement, and permits it during the next two weeks only on the certificate of a physician. In Austria the law requires a rest period of four weeks after childbirth, and in Switzerland there is a rest period of two weeks before and six weeks after childbirth. France has also

enacted a compulsory rest period of eight weeks, which are to be equally distributed before and after childbirth. Seven weeks of rest are required in Italy. A rest of four weeks after childbirth is demanded by the Belgian and Portuguese laws, and the same period, which may be extended by one or two weeks through a medical certificate, is required under the law of Spain. Holland and Norway have both instituted a compulsory rest period of four weeks, and Sweden has a six weeks rest period law. Great Britain prohibits the employment of women within four weeks after childbirth. It is of interest to note that, in the maternity insurance legislation which has resulted from these attempts to protect motherhood, the unmarried mother, as a rule, is given the same consideration as her married sister.

In the United States legislation directly affecting motherhood is much less common than in Europe, owing in all probability to the more recent entrance of married women into factory life. Laws regulating rest periods before and after confinement have been enacted in Connecticut, Massachusetts, New York, and Vermont. In Connecticut a compulsory rest period of four weeks before and four weeks after childbirth is provided. In Massachusetts, there is a compulsory rest period of six weeks, two weeks of which are before childbirth. New York does not provide for a rest period before childbirth, but the employment of women is forbidden for four weeks after this time. The requirements of the Vermont statute are the same as those of Massachusetts.

Indirect provision for the protection of motherhood is found in the statutes of various States. Conditions of labor of women are carefully regulated in a great many. Women are forbidden to engage in certain occupations. For example, in Alabama mine work is not allowed; in Arizona women are not allowed to work in saloons. Colorado, Illinois, and Indiana have a provision similar to that of Alabama. Iowa and Louisiana forbid work in saloons. These laws, as well as many others for the protection of the woman wage-earner, while not primarily designed to protect working mothers, have, it is safe to say, the indirect effect of protecting the children of the next generation.

Another group of laws more general than these limiting occupation, but with probably the same indirect intent and

effect, are those specifying the maximum working day. These laws are general in almost all States. California and Washington limit the working week to eight hours a day, while South Carolina has a maximum of twelve hours a day and sixty hours a week.

It is interesting to note in these various laws that the lowest number of hours and the most stringent regulations of the conditions of work are found in the far West. Specific regulations forbidding work during and after pregnancy, however, appear only in a few of the most densely settled manufacturing States in the east.

Minimum wage legislation, although not specifically directed toward the protection of mothers, aims very definitely to provide women with a sufficient salary so that their health and morals may be preserved. It seems reasonable to suppose that one of the underlying purposes of this is to protect the future mothers. The following States have enacted such legislation: California, Colorado, Massachusetts, Minnesota, Nebraska, Oregon, Utah, Washington, and Wisconsin.

The newer development in child protection—mothers' pensions—cannot fairly be considered under the group of legislation affecting motherhood. The aim in this case is to provide a substitute for the wage-earner, in order that children may have the home care of the mother. The fundamental purpose is to provide adequate protection for children rather than to protect women or women workers.

The Philosophy of Maternity Insurance

Fully to appreciate the need and the desirability of maternity insurance it is necessary to point out the fundamental principles upon which this plan of protection is based. This was most satisfactorily done by Professor Mayet of Berlin, than whom no one has done more to develop maternity insurance. In a paper which he read before the International Congress on Social Insurance at Rome, in 1908, Mayet developed the following theses:

1. *The physiological needs of the mother and of the child are fundamental at the threshold of the infant's life.* If they are not observed, both mother and infant suffer; sickness and death are the punishments for neglect. He continues: "We need healthy mothers, healthy infants, if the members of the coming

generation are to be equal even to the ordinary tasks of economic, civil, and national life as workmen, husbands, citizens, and soldiers, and as working women, wives, and mothers; we need healthy mothers and healthy infants if the coming generation is to lead the human race farther along the road to perfection. It is the task of maternity insurance to assure the great working classes of the fulfilment of the physiological needs of the pregnant woman and the fetus, the mother and the infant."

2. *Industrial work, if protracted to the time of childbirth, is clearly injurious to the mother.* Mayet cites J. Pelc, in the Bohemian sanitary report for 1899-1901, according to whom the high rate of still-births in northern Bohemia is explained by the fact that women work up to the end of pregnancy, in order not to forfeit their membership in the societies; the results are manifested in premature births, faulty presentations of the fetus, and umbilical difficulties.

Bachimont found, in France, that the average duration of pregnancy was 269 days among women who observed a rest period before confinement, but only 247 days among those who did not; the duration was normal in the case of the former, but twenty-two days too short among those who worked up to the very time of childbirth.

It is well known that a large measure of the abdominal disease of women of the working classes is attributable to the fact that they are unable to obtain that rest after confinement which nature peremptorily demands. It is very difficult, however, to obtain any statistical basis for determining the extent of the injuries suffered.

3. *The vitality of the unborn child is impaired through continued industrial work by expectant mothers.* At the Tenth International Congress on Hygiene and Demography, in 1900, Professor Pinard announced the results of 4,500 observations, from which it appeared that the children of women who worked up to the time of confinement were either born too early, or had a lower weight than the children of women who had been enabled to rest before confinement. He came to the conclusion that the children of mothers who had stopped work two or three months before childbirth were, on the average, at least 300 grams heavier than infants born to mothers who had worked in a standing position up to the last moment.

At the Maternité and at the Clinique Baudelocque—two lying-in institutions occupied chiefly by working women—out of a total of 188,000 children born and weighed, more than 72,000 weighed less than 3,000 grams, and almost 30,000 prematurely born infants weighed less than 2,500 grams.

George Reid, medical officer of health for Staffordshire, has studied the correlation of abnormalities with factory work. In 1906, reporting in the *Lancet* on the experience of twenty-three years, he said that, in districts where more than twelve per cent. of the married population are employed in factories, there are fifteen abnormalities in 1,000 births; in districts, however, where less than six per cent. of the female married population is so occupied, there are only six abnormalities per 1,000 births.

4. *Pregnancy, birth, confinement, and breast feeding have been intended by nature to form an undisturbed sequence.* Mayet points out the fallacy that artificial nourishment can ever be equal in value to the natural nourishment of the mother. This has been so amply demonstrated in the United States that further discussion here is unnecessary. European statistics that may be cited are those of Kriege and Seutemann, showing a mortality in Barmen of 6.8 per cent. of breast fed infants among workers earning less than 1,500 marks, but of 11.1 per cent. of bottle babies among workers earning more.

5. *Infant mortality is determined, not only by the factor of breast feeding, but also by the duration of the breast feeding.* Roese of Dresden found that the extent of dental decay and rickets varied inversely with the duration of breast feeding. On the basis of statistics of military recruits it has been proved that the weight, and the chest and other measurements, of adults vary directly with the duration of the period during which, as infants, they were fed at the breast. The same relationship is evident between breast feeding and efficiency in school. These facts have been made clear by Friedjung, Groth, and Hahn.

6. *Breast feeding is decreasing both in duration and in frequency.* This is to be attributed, in large measure, to interference with nursing by the industrial activity of women. It may be noted that in the United States the number of married female wage-earners increased from 511,740 to 773,363

between the years 1890 and 1900. The number of such working-women at the present time is probably over one million.

As a result of the foregoing facts, Mayet infers the necessity for a scheme of maternity insurance which will give to the insured the following benefits and protection:

1. A rest period before childbirth, with full compensation for wages lost;

2. Aseptic conditions of birth, and obstetrical aid by a midwife and, if necessary, by a physician;

3. A rest period after childbirth, with full compensation for wages lost;

4. In case of necessity, maternity care, either at home or in an institution;

5. Extension of the period of breast feeding by means of nursing benefit, and, if necessary, a pecuniary aid toward the nourishment of the infant.

Maternity Insurance Legislation

Attention has been directed toward legislation forbidding women to work for definite periods prior or subsequent to childbirth. The operation of these laws worked hardships in many cases. Frequently, when the mother was one of the principal bread-winners of the family, the latter was deprived of the main part of its income during her period of enforced rest. The law made no provision against such a contingency.

Attempts have been made to meet the situation through maternity insurance to provide for the loss of wages, and for the payment of the financial costs of maternity. Schemes of this kind have been organized by private societies and insurance companies, but with no measure of success. For the sake of the record mention may be made here of two such attempts.

A birth insurance society was founded in Boston, in 1905. In exchange for dues of three dollars a month, and, in addition, one dollar a year, it undertook to pay $200 on the birth of a living child after the first ten months of membership, $300 after nineteen months of membership, $400 after twenty-eight months of membership, and $500 after thirty-seven months of membership. After a few months the organization died a natural death.

GERMANY

The Iduna, an insurance company of Halle, Germany, recently entered the field of maternity insurance. The com-

pany is prepared to make contracts with benefit societies and mutual organizations. Confinement benefit is given, after a waiting period of nine months; if the birth occurs within that period the premiums are returned. A special nursing benefit, supplementing the regular maternity benefits, may be given to a mother who has nursed her infant at least four weeks. The plan is too young to enable us to form any judgment on the basis of its experience.

The important, and, indeed, the main development of maternity insurance, however, has been, not along the line of a separate and distinct form of insurance, but as a phase of sickness insurance, the foundations for which were laid in Germany. National sickness insurance was made compulsory in that country by the act of June 15, 1883. Under this law the existing mutual sickness societies were continued and were permitted to give benefits in addition to those required under the law, which included childbirth benefit. In 1903 the duration of maternity benefits was increased from four weeks to six weeks.

The Imperial Insurance Code was passed on July 19, 1911; it embodied a compilation and unification of the existing statutes and decrees. Maternity benefits were standardized and their further development was provided for. Under the code, maternity insurance is compulsory for members of most of the commercial and industrial pursuits, as also for home-workers, whose annual income does not exceed 2,500 marks. Insurance is voluntary for members of these occupations if they are exempt from compulsory insurance, as also for small entrepreneurs and their families. The insurance is administered by local, factory, building, guild, or miners' sick benefit societies. The local society is the official organization, and other societies are permitted to exist only if they do not endanger its vitality. A special form of the local society is the agricultural society, which provides principally for agricultural workers and domestic servants.

Under the German law there is a waiting period of ten months, after which confinement benefit, to the amount of the weekly sick benefit, is given for a period of eight weeks; at least six of these must be after confinement. In the agricultural funds, however, the duration of benefit may vary from four to eight weeks, according to the statutes of the society.

With the consent of the mother, institutional care or home care may be given. In the former case, "house money" is given to the dependents of the insured to the amount of half the weekly benefit; in the latter case an amount may be deducted up to the same proportion. Statutes of societies may give medical and obstetrical services of midwives and physicians. They may also grant benefits to uninsured wives of insured persons. In the case of women who have been members for at least six months, physicians' and midwives' services may be given for ailments of pregnancy. In case of disability from the same cause, pregnancy benefit may be given, to the amount of the confinement benefit, up to a total duration of six weeks; this period may be deducted from the prenatal period for which confinement benefit is given. The societies may furnish, to mothers insured six consecutive months before confinement, nursing benefit up to the amount of half the sick benefit and up to the duration of twelve weeks after confinement. Compulsory members pay two-thirds of the dues; one-third is borne by the employers. Voluntary members must bear the total burden of the dues themselves.

The war has brought into existence a number of legislative acts in Germany designed to cope with the resultant change in conditions. The act of August 4, 1914, concerning the Assurance of the Solvency of Sick Benefit Societies, limited considerably the welfare work on behalf of mothers. Only the regular benefit required by law could be furnished, unless the insurance authorities had been convinced that the solvency of the society would not be affected by the giving of greater benefits. Confinement, pregnancy, and nursing care to the wives of insured persons were abolished. It soon appeared that the sickness societies were less shattered by the war than had been expected, and it appeared practicable to impose upon them once more a part of those burdens of which they had been relieved. It was then found, however, that even the full scope of confinement benefit, as it had existed under the code before the beginning of the war, was not sufficient to meet the new contingencies which had arisen. Maternity benefit, as stated above, was limited to mothers who were themselves subject to compulsory insurance. The Imperial Government came to the conclusion that the protection of uninsured wives of soldiers could not be dispensed with, but that this burden

ought to be imposed, not upon the societies, but upon the Empire. Hence the Reichstag, in voting the second war credit on December 2, 1914, provided 200,000,000 marks for confinement benefit during the war, as well as for the aid of communities and communal unions in the field of war relief.

On the following day the Federal Council enacted a law extending materially, for the duration of the war, the scope of the maternity insurance. Under this law uninsured wives of insured participants in the war are entitled to a single payment of twenty-five marks toward the costs of confinement; confinement pay of one mark a day for a period of eight weeks, of which at least six must be after the actual confinement; aid, up to the amount of ten marks, toward the costs of treatment for the ailments of pregnancy; and nursing pay, up to the conclusion of the twelfth week after confinement, to the amount of half a mark a day. As regards the monetary benefit in connection with the ailments of pregnancy, free treatment by midwives and physicians, as well as the necessary medicines, may be furnished instead. The maximum expenditure permissible in each case is 133 marks. All costs are borne by the Empire.

Under this act the insured wives of insured participants are entitled to the same benefits as have been enumerated above; however, they may receive larger confinement benefit, if this is provided for by the statutes of the society. In the case of women in this class the confinement pay is furnished by the society, while the remaining benefits are given by the Empire.

The insured wives of uninsured participants are entitled only to the benefits guaranteed by the statutes of the society, even if these are less than those provided for by the act. All costs in this case must be borne by the societies themselves.

This act was supplemented by others of January 28, 1915, and April 23, 1915, which clarified the interpretation of the earlier legislation. It was stated expressly that its provisions were to apply to the merchant marine, the agricultural industry, and domestic service, as well as to other occupations. Moreover, relief was extended to persons whose income did not exceed 2,500 marks a year before the beginning of the war, or whose income after the entry of the husband into service does not exceed 1,500 marks plus 250 marks for every child

already born and not yet fifteen years of age. The expression "of small means" (*minderbemittelt*) was employed, instead of "needy" or "indigent" (*bedürftig*), in order that the aid might not bear the stamp of poor relief.

AUSTRIA

The action of Germany, in the enactment of the initial legislation of 1883, had a marked bearing upon the policy of other countries. In 1888 the situation of the sickness insurance societies led to a necessary revision of Austrian legislation on the subject. The resulting act included provisions for the compulsory maternity insurance of workers and administrative officials in trade and industry. The insurance was made voluntary for agricultural workers, forestry workers, and home workers. As in Germany, two-thirds of the dues are borne by the employees, and one-third by the entrepreneur. However, employers are not required to contribute in cases where the income of the insured is 2,400 marks per annum or more, or where the insurance is voluntary. The contribution of employees must not exceed two per cent. of the basic wage; that of employers must not exceed one per cent. After a waiting period of six months, maternity benefit, to the amount of one and a half times the basic wage, is given for a period of four weeks. Medical and obstetrical aid, and medicines and therapeutic measures, are also furnished.

NORWAY

The first Norwegian commission to investigate the subject of sickness insurance came into being in 1885. After a long period of discussion, an act was passed in 1909, and was amended in 1911. The law includes maternity provisions. Insurance is compulsory for all workers and salaried employees. Here again, as in Germany and in Austria, and, indeed, in most other countries, societies—originally entirely voluntary in character—are utilized for the administration of compulsory insurance. There is a waiting period of ten months. Recognized societies must furnish sixty per cent. of the basic wage for six weeks, as well as medical benefit, if this is necessary. Six-tenths of the dues are borne by the insured, one-tenth by the employer, two-tenths by the state, and one-tenth by the community. The limits of income are 1,400 Norwegian kroner a year for

compulsory members and 1,000 for voluntary members, in the cities, and 1,200 kroner for compulsory members and 800 for voluntary members, in the country.

DENMARK

The Danish law was passed in 1892, and was amended in 1915. Insurance is voluntary. Societies granting home or hospital care, as well as medical and obstetrical service, receive, upon recognition, state subsidies of one-quarter of their expenditures. The minimum maternity pay is one Danish krone a day, and it is given after a waiting period of ten months.

BELGIUM

The Belgian law was passed in 1894. Here, as in the case of Denmark, subsidies are given to recognized mutual aid societies furnishing maternity benefit.

HUNGARY

The Hungarian act of 1907 is again modeled after German legislation. Maternity insurance, associated with sickness insurance, is compulsory for all workers in industry, trade, and commerce, except in so far as it is voluntary for agricultural workers, homeworkers, domestic servants, and persons exempt for special reasons. The limit of income is 2,350 Austro-Hungarian kronen. Half the contributions are borne by the insured, half by the entrepreneurs. Confinement benefit must be equal at least to sick benefit, although it may be increased by the statutes of the society. It is payable for six weeks; this period may be extended to eight weeks. Free medical and obstetrical aid is furnished, not only to the insured, but also to dependents of the insured, for a period of six to eight weeks.

LUXEMBURG

Maternity insurance has been known in the little state of Luxemburg since the passage of the act of 1908, based upon the bill of 1901. It is compulsory for workers in all occupations if they do not earn more than 2,400 German marks a year. There is a waiting period of six months. Maternity benefit, equal to the sick benefit, must be given for four weeks; this period may be extended by statute to six weeks. The scope of the benefit may also be widened to include the uninsured wives of members.

ITALY

In 1910 Italy passed a law which called into being a national maternity fund, devoted entirely to the compulsory maternity insurance of all female industrial workers of childbearing age. Insured persons and employers contribute in equal amounts. At ages fifteen to twenty the worker and the employer each contribute one-half lira a year; at ages twenty-one to fifty each party contributes one lira a year. In addition there is a state subsidy of ten lire for each confinement. The government also remits taxes and fees, and bears the expenses of administration. There is a confinement benefit of forty lire.

SERBIA

The Serbian act was passed in the same year. Sickness insurance, which is compulsory for commercial and industrial workers, includes maternity insurance for six weeks before and six weeks after confinement. Half the dues are borne by the insured person, and half by the employer; in addition there is a state subsidy.

SWITZERLAND

Switzerland fell into line in 1911. Swiss recognized societies receive a federal subsidy toward confinement benefit and nursing benefit. Membership is voluntary, but may be made compulsory in the individual cantons. The law requires that recognized societies pay a maternity benefit of at least three Swiss francs a day, for a period of at least six weeks, as well as an additional benefit of twenty francs for nursing during the four subsequent weeks. Medical aid and medicines may be furnished besides the maternity pay, or instead of it, according to the statutes of the society. There is a waiting period of nine months. The federal subsidy consists in a payment of twenty francs toward the confinement benefit and of the entire nursing benefit.

GREAT BRITAIN

The year 1911 also marked the passage of the British National Insurance Act, under which sickness insurance, including maternity insurance, is compulsory for commercial, clerical, and industrial workers; it is voluntary for workers who have been exempted for special reasons. The annual income of the insured must be less than £160 a year, except

in the case of manual laborers. The minimum age of entrance is sixteen years; the maximum sixty-five. The insurance is administered by approved societies, although there is also a place for private friendly societies. Those contributors who do not wish to join any society are placed under the supervision of insurance committees for the various districts. The dues are sixpence a week. If the income of the insured is one shilling and sixpence or less a day, fivepence are paid by the employer and one penny by the state; from that point up to and including two shillings of income a day, one penny is paid by the insured, fourpence by the employer, and one penny by the state; from this point on, threepence are paid by the insured and threepence by the employer, and there is no state subsidy. There is a maternity benefit of three pounds to insured mothers, and of half that sum to mothers who are not themselves insured, but who are the wives of insured persons. In case of institutional treatment, benefit is paid to the dependents of the mother. The physician or midwife is paid out of the benefit. There is a waiting period of twenty-six weeks for compulsory members and fifty-two weeks for voluntary members.

RUSSIA

The Russian Workmen's Insurance Act of 1912 provides for maternity benefit, varying in amount between half the wage and the full wage, for two weeks before and four weeks after childbirth. Under earlier legislation, the funds obtained from the accumulation of fines in industrial establishments are devoted partly to pregnancy benefit. Employers are required to furnish hospital or dispensary treatment, as also, in large establishments, the services of midwives. The new social insurance is administered by mutual aid societies and establishment funds.

SWEDEN

Under the Swedish act of the same year, maternity insurance is required of the voluntary societies if they are to obtain recognition. The minimum maternity benefit is ninety öre a day, payable for at least two weeks. However, hospital treatment may be furnished as an alternative for pecuniary benefit. The state subsidy consists of fifty-eight öre a day of benefit, for a maximum period of forty-two days and upon a maximum insured sum of four kronor a day.

AUSTRALIA

In Australia an entirely different philosophy underlies the maternity allowance provision, which also dates from 1912. In all other countries there are salary limits to the employment benefits; contributions are made by the workers, or by the employers and employees, and, in some cases, there are state subsidies. In Australia, however, a gift of five pounds is made by the Commonwealth to each mother upon the birth of a child. This covers all classes in the community, and cannot properly be classed as insurance.

RUMANIA

Under the legislation of 1912 and 1913 all Rumanian industrial workers are compulsory insured, through the medium of the guilds and free societies. The contributions of the insured vary between five and sixty bani. After a waiting period of twenty-six weeks, confinement benefit is given for six weeks, with subsequent nursing benefit for the same period.

A number of points are clearly brought out by the brief summary of legislation that has been given above. Provision for maternity insurance is general in European countries. In almost all instances the contingency of childbirth is classed as sickness, and provision is made to give care and to provide a benefit to compensate for the wages lost. All members of a society, irrespective of age, sex, and conjugal condition, contribute to the insurance funds. These points must be carefully considered if foreign experience is to be of value in analysis and comparison.

Cost of Maternity Insurance

Professor Mayet has endeavored to determine what the cost of maternity insurance would be, upon the basis of giving certain pecuniary benefits to the insured, together with the necessary medical care and attention. He has outlined his scheme, not as a separate maternity insurance proposition, but as part of a general scheme of sickness insurance. The estimate which he gives is interesting, and is submitted here, not as a statement of what might be possible in the United States, but simply as evidence of what was deemed necessary in Germany at the time Professor Mayet's thesis was prepared.

He assumes that the annual earnings of a female worker are about 580 marks, or about 11.20 marks a week. Compensation for a rest period of twelve weeks (including time before and after birth) will then be 134.40 marks.

The midwife's fee, on the basis of Saxony, he puts at ten marks.

He does not calculate a physician's fee for every birth, and consequently puts an average for all births at five marks.

Medicines and minor needs for asepsis will amount to five marks.

Nursing benefit is to be given, even if not in all cases. The first benefit, to the amount of twenty-five marks, will be given to mothers nursing their children for the thirteen weeks immediately after birth; the second benefit will be given, to the same amount, if nursing is continued during the next three months. Thus the total amount will be fifty marks.

Cost of home and institutional care, not necessary in all cases, will average fifteen marks.

Administrative expenses are estimated at one mark.

Adding up the various items, Mayet obtains an average total cost, for each maternity case, of 220.40 marks.

Mayet says that these requirements are practicable on condition that no distinction is made, in the payment of dues, between male and female and between married and unmarried members. Such a regulation would be just, since men and women are equally concerned in the child; even unmarried men may properly be called upon to bear their share, in expectation of the benefits which, as married men, they will later draw. Further, the principle of the uniform treatment of large groups is one which is already prevalent in German sickness insurance. He also says that the introduction of a fully developed maternity insurance will be easily practicable if it is to be extended only to female members. Taking into account, as a denominator, the membership of both sexes, there was one confinement among fifty-one members in Austria; one in 52.6 in Munich in 1906; and one in sixty in Leipsic, during a considerable period. On a basis of one birth to fifty members, and on an estimate of 220.40 marks a case, the average expense for each member would be only 4.41 marks a year or 8.5 pfennigs a week. The average weekly contribution of the members of local, factory, building, and guild sickness

funds in Germany was fifty pfennigs in 1906, and an addition of 8.5 pfennigs would be thoroughly practicable: it would involve an increase of dues only from three to 3.5 per cent. of the wage.

The problem will be more difficult if maternity insurance is to be extended to the dependents of members. The insurance of dependents has hitherto been a voluntary addition on the part of the societies to the benefits required of them by law. Doubtless it has not yet been made compulsory because of the lack of confidence of the legislators in the ability of the smaller societies to bear the financial burdens involved. As the fusion of the 23,000 sickness societies into a limited number of large centralized societies is contemplated, however, this obstacle will be done away with.

Mayet points out the necessity of the protection of female dependents of members—the overwhelming majority of whom would be the wives of members—and next goes into the question of cost. Instead of the full compensation of 11.20 marks a week, however, only the standard local wage for unskilled female workers, which is estimated at six marks a week, is taken into consideration.

On this basis he calculates the expenses, under the head of maternity insurance, of a society of 100,000 members, as follows:

	Marks
2,000 births among members at 134.40 marks compensation (12 times 11.20 marks)	268,800
5,200 births among dependents of members at 72 marks benefit (12 times 6 marks)	374,400
Midwives' fee for 7,200 births at 10 marks	72,000
Physician's fee at 5 marks	36,000
Medicine and minor remedies at 5 marks	36,000
Nursing benefit at 25 marks	180,000
Home treatment, welfare stations, maternity homes, etc., at 15 marks	108,000
Costs of administration at 1 mark	7,200
TOTAL	1,082,400

Even if insurance of dependents is included, Mayet estimates that maternity insurance will involve an increase of only 1.5 per cent. of the wages of members. On the basis of more liberal provisions than those which he has described, he has arrived at the figure of two per cent.

As an illustration of the experience of a German city the Leipsic figures may be cited. The Leipsic Sickness Insurance

Society, in addition to the regular benefits for members, furnishes medical care for the wives and children of members. With a membership of 206,180, expenditures were as follows in 1912:

	Expenditures in marks	Average expenditure in marks for each member
All items	8,913,153.28	43.24
Medical treatment	1,907,216.24	9.25
Medicines, etc.	961,351.57	4.66
Maternity pay	172,511.66	0.84

Under the items "medical treatment" and "medicines" the annual report does not separate the amount expended for maternity cases. It is not probable that this amount would appreciably increase the per capita cost of lying-in care. If the figures were obtainable, they would probably show that the cost of maternity in the Leipsic society, based on percentage of wages, was well within Mayet's estimate.

Any attempt to estimate the cost of a maternity insurance scheme in the United States is fraught with difficulty, owing to the absence of statistics of birth rates in a group which might be included in a sickness insurance society similar to those which have developed in Europe. If we assume the population birth rate of twenty-five per mille, we may construct a hypothetical table of costs approximately as follows, in a society of 100,000 members with an average income for each members of ten dollars a week:

Maternity benefits for 2,500 members at $10 a week for eight weeks	$200,000
Physician and nurse at $25 a case	62,500
Incidental expenses at $4 a case	10,000
TOTAL	$272,500
Annual cost each member	$2.725
Proportion of wage	0.52 per cent.

It should be noted here, however, that in Mayet's estimate he assumes a birth rate of twenty per mille for the female members of his society, and of fifty-two per mille for the dependent wives of members. If, therefore, we double the birth rate in the foregoing estimate, the cost of maternity insurance would be 1.04 per cent. of wages, instead of 0.52 per cent. The estimate of twenty-five dollars for each case for the services of the physician and nurse is based upon the experience obtained in the maternity nursing service which the Metropolitan Life

Insurance Company gives to its Industrial policyholders. If the amount were doubled, the cost for each member in the estimate given would be $3.35, instead of $2.72, and the proportion of wages would be 0.64, instead of 0.52 per cent. I think it quite safe to assume that in a scheme of sickness insurance in the United States composed of the same proportionate elements as are found in the Leipsic Sickness Insurance Society, the cost of maternity benefits and medical care would not be over one per cent. of wages. If, however, the greater number of maternity cases were not of members, but of the dependent wives of members, and as such would not receive cash benefits, the cost of such an insurance scheme would be materially reduced.

It should be noted in passing that in Italy the maternity scheme is a more narrow one, membership being limited to women between ages fifteen and fifty years. Doubtless the Italian maternity insurance organization was created because of the lack of a sickness insurance system, with which maternity insurance could be articulated. Whether such a maternity insurance can be made practicable and economical is an open question. It is as yet too early to make any definite statement with regard to the results obtained in Italy. The dubious efficiency of this plan is pointed out now for the reason that, if any scheme of maternity insurance is developed in the United States, the probability is that it will have to be a phase of a larger scheme of sickness insurance.

The Possibility of Development in the United States

It is reasonable to assume that this paper on maternity insurance would not have been asked for unless the need and the desire had been felt for the organization and development of some form of maternity insurance applicable to American conditions. The extent to which such a scheme will develop depends upon our attitude toward the general proposition of an extension of the work of mothers in industry.

While the number of women in industry has grown year by year, according to the Census reports, I think I may safely say that it has been the wish and the desire of economists, social students, and others, that industrial conditions in the United States be of such a kind that the father and the unmarried members of the family of working age may obtain

wages sufficiently high to support the family. Thus the mother would be permitted to attend to her natural duties at home—namely, the bearing and rearing of children, and the proper care of these children along the lines of efficient citizenship. This, in the minds of the American people, is the normal American family. We have not yet reached the point in our development where we are willing to admit that our industrial conditions are so bad, or our wage standards so low, that the earnings of the mother must supplement the wages of the other members of the family.

This attitude on our part has gone to the extent of legislation directed toward the care of mothers and children, through State aid, if they have lost their wage-earner. Whatever may be the value of the legislation coming under the head of widows' pensions, there can be no doubt as to the purpose in view in enacting laws of this kind. The people of the United States hold that women who are mothers have the distinct function of bringing children into the world and rearing them properly. It is recognized that the mother who has performed this duty to the state should not be burdened with the additional responsibility of the support of her children. This attitude is the definite basis of existing widows' pensions legislation. For the present, at least, we have not accepted the European principle that the wife's earnings must be an element in the family budget. We still hold that a proper living standard should be maintained, if necessary, by wage increases of the other employable members of the family.

With this thought in mind, the question arises whether it would be desirable, even if it were feasible, to organize any scheme of maternity insurance after the models of European countries, whose primary purpose shall be the insurance of wage-earning mothers. If we accept this principle, let us do so with our eyes wide open, and with the realization that insurance for this group is a makeshift—not insurance, but a better wage is the solution of this problem. It will be noted from the estimate of Mayet that the largest item in the cost of maternity insurance is that involved in the cash benefits given to the insured. The cost of medical services plays a comparatively minor part.

If we assume that, under our ideal condition, mothers shall not work, the great need of a scheme for maternity insur-

ance immediately disappears. If, however, it is nevertheless deemed essential to develop a scheme of insurance under which maternity benefits may be paid to working mothers, attention should be called at this time to the desirability of extending the benefits of such a scheme to other women as well. To do this most effectively it would be advisable, as has been suggested, not to attempt to organize a special maternity insurance, but to incorporate this into a general sickness insurance plan. The need for sickness insurance can no longer be denied. The next decade will probably see, in the United States, the development of a comprehensive system which will protect the worker against the contingencies of sickness and invalidity due to sickness. It would be quite simple, if it were found necessary, to incorporate in such a plan of sickness insurance the necessary provisions under which all women, whether employed or not, could be made beneficiaries at the time of maternity.

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